

**SANTA MONICA MOUNTAINS CONSERVANCY  
PAYMENT REQUEST**

**Grant Agreement:** SMM-  
**Project Name:**

**Grantee Name:**

**Invoice Number:** 1

**Address for Remittance:**  
570 West Avenue 26, Suite 100  
Los Angeles, CA 90065  
ATTN: Finance Department

**Invoicing Period:** 1/1/05 to 1/1/05

Approved Tasks / Milestones:	Cost of Project This Period:	Total Cost to Date:	Remaining Balance:
1	\$	\$	\$
2	\$	\$	\$
3	\$	\$	\$
4	\$	\$	\$
5	\$	\$	\$
<b>TOTAL:</b>	\$	\$	\$

**SUMMARY**

a. Current Invoice Amount	a. \$
b. Balance Due from Prior Requests	b. \$
c. Credits	
c-1 Principal	c-1. \$ (      )
c-2 Interest	c-2 \$ (      )

<b>d. Total Balance Due (a+b-c)</b>	<b>d. \$</b>
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I certify that any reimbursement request for travel expenses and per diem are in accordance to General Provisions of the grant agreement. I also understand that I am responsible for maintaining adequate records to substantiate travel expenses and per diem.

\_\_\_\_\_  
*Signature of Authorized Representative*

\_\_\_\_\_  
*Date*

I certify that the above costs were incurred in the performance of work required under the grant agreement and are consistent with the amount evidenced by supporting documents and expenditures.

\_\_\_\_\_  
*Signature of Authorized Representative*

\_\_\_\_\_  
*Date*

**For SMMC Use Only:**

Accepted by:

\_\_\_\_\_  
*Contracts and Fiscal Officer*

\_\_\_\_\_  
*Date*

Approved for payment by:

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

Interim Form SMM-002  
Rev. 8/05